

Property Information

We respectfully request that you fill in the information below, print and sign the form and return it to:

Office of Real Estate Assessment, P. O. Box 532, Yorktown, Virginia 23690-0532

VD 11	Heating and Cooling System								
Year Built:				Heat Pum	D		Hot A	Air Ducted	
Year Kitchen Remodel:				Hot Water Baseboard			Gas		
Year Bath Remodel:				Electric Baseboard Wall/Floor Furnace			Oil Other		
Year of Other Remodel:				Stove (for heat) Central Air Conditioning System					
Teal of Other Kenn	Number of Fireplaces								
Number of Rooms				Basement Area					
# of Bedrooms:	Bedrooms: # of Other Rooms:				1/4	1/2	3/4	Full	
Baths (indicate number)				Basement Finish					
Full (Shower or Tub)				None	1/4	1/2	3/4	Full	
Half (commode & Basin Only) Do Not Have Bath				Vinyl: Panel/Drywall & Finished Floors Painted Concrete Walls & Floors					
Room Over Garage				0	Utilities				
Finished	Finished Size:				Sewer			Water	
Unfinished				County Sewer Septic Tank/Drainfield None			Individual Public Water Other		
									Interior Finish
Plaster	Panel Drywa		all		ange & Hood		Dishwasher		
Other				Compactor Other			Disposal		
Floor Covering									
Wood	Vinyl	Carpet	Other						
Primary Kitchen									
Bath									
If known, square fo	otage of end	closed living	area:						
Daytime Phone #									
Property Owner Signature	gnature:								
Remarks:									